



**MISSISSIPPI
BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS**

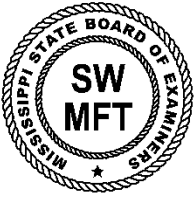
RECIPROCITY APPLICATION CHECKLIST

Universal Recognition

If you currently reside in the state of Mississippi, hold a current license in another state for a minimum of one (1) year or more, and do not meet all of the requirements to apply for licensure by Reciprocity, you may use this application packet to submit for licensure in the state of Mississippi according to the Universal Recognition of Occupational Licenses Act, House Bill 1263, 73-50-2, Mississippi Code of 1972.

- ☐ Initial Application
- ☐ Universal Recognition Affidavit and Proof of Residency (copy of utility bill)
- ☐ Licensure Fees: LSW - \$152 payable by money order or cashier's check only
 LMSW - \$187 payable by money order or cashier's check only
 LCSW - \$187 payable by money order or cashier's check only
NOTE: These totals include the application fee, initial license fee, and background check fee
- ☐ Verification of Education Form, Form 267, OR an official **SEALED** transcript.
Electronic transcripts can be emailed to info@swmft.ms.gov
- ☐ Reciprocity Form (complete by the jurisdiction or state were you are currently licensed)
- ☐ Passing Score from ASWB (Score transfer request can be found at ASWB.org) – if applicable
- ☐ Request for Fingerprint Card Form (the fee for the background check is included in the licensure fee total)
- ☐ **For LCSWs:** Please include supervision documentation with the Reciprocity Form

NOTE: Instructions are found on each form. You may combine all fees and submit one payment.
Cash and personal checks are not acceptable forms of payment. Please note that



Mississippi
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Post Office Box 4508 * Jackson, MS 39296-4508
601-987-6806 * Fax: 601-987-6808 *
www.swmft.ms.gov * info@swmft.ms.gov

UNIVERSAL RECOGNITION OF AN OCCUPATIONAL LICENSE

AFFIDAVIT

STATE OF _____
COUNTY OF _____

I, the undersigned, _____ being duly sworn, hereby deposes and say:

1. I am over the age of 18 and am a resident of the State of _____. I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
 - a. I hold a current and valid license in good standing in the State of _____ which currently has a similar scope of practice and have held this license from the Occupational Licensing Board in that State for at least one (1) year;
 - b. I attest that I have completed minimum educational requirements, work experience, examination requirements and clinical supervision requirements in effect; or have been awarded a military occupational specialty in this profession;
 - c. I am a resident of Mississippi.

OR

- d. I have worked in the State of _____, for a period of three (3) years or more and that State does not use a license to regulate a lawful occupation and I have provided IRS tax return for the prior three (3) years in verification of three (3) year's work experience in the occupation.

AND

- e. I have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed and I do not have a disqualifying criminal record as determined by this Board under Mississippi law; and
- f. I have not surrendered a license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state; and
- g. I do not have a complaint, allegation or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime; and
- h. I have submitted the state and federal fingerprint-based background check request to MS Board of Examiners for Social Workers and Marriage and Family Therapists; and
- i. I have submitted a completed Application for Licensure; and
- j. I have paid all applicable fees in Mississippi.

I further understand that prior to the issuance of a Temporary Practice Permit I must produce proof of a Mississippi state-issued identification card; or

1. current Mississippi residential utility bill with the applicant's name and address; or

2. documentation of current ownership, or current lease of a residence in Mississippi; or
3. documentation of current in-state employment or notarized letter of promise of employment; or
4. any verifiable documentation demonstrating Mississippi residence as approved by this Board.

I understand that I may practice under a Temporary Practice Permit until a license is granted, or until a notice to deny the license is issued, in accordance with Rules adopted by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists; and, the Temporary Practice Permit will expire in 365 days after its issuance.

Signed by the applicant, _____

This the _____ day of _____, 20_____.

NOTARY ACKNOWLEDGMENT

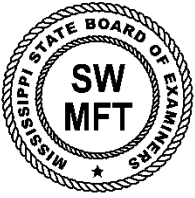
STATE OF _____

COUNTY OF _____

Notary Public

SEAL

My Commission Expires



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Out-of-State Verification of Licensure

PART I – To be Completed by Applicant

Applicant should complete Part I of this form and send to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address at the top of this form. I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice.

Applicant's Signature: _____ Print Full Name: _____ Last four of SS No: _____

State verification is requested: _____ Mississippi License Applied for (select one): ☐ LSW ☐ LMSW ☐ LCSW

Part II - To be Completed by Board or Regulatory Agency: Upon completion of this form by the Licensure/ Registration Authority please return directly to MBOESWMFT

Name of Licensee: _____ Level of Licensure: _____ License No: _____

Date of Issue: _____ Is License Current? _____ Expiration Date: _____

Licensed by: () ASWB Examination () Grandfathering () Reciprocity/Endorsement () Other

Level of ASWB Exam: _____ Pass or Fail If grandfathered in, did licensee ever take the exam? _____

If other, please list name of exam? _____ Level: _____ Score: _____

If licensed at the LCSW level, was 2 years of clinical supervision completed? _____

If yes, please list the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Is License in Good Standing? _____ If no, please explain: _____

Any derogatory information? _____ If yes, please explain: _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

Signature

Printed Name

Title

Title of Board

Phone Number

Board Seal

Date

Social Work Initial License Application-Universal Recognition*(Please type or print in ink)*

Date: _____ (Please use legal name that is identified on your Driver's license or Social Security Card)

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____ Contact No. (____) _____ - _____

(City)

(State)

(Zip Code)

(County)

Email Address: _____

Social Security Number: [][][] - [][][] - [][][][] Date of Birth [][][] - [][][] - [][][]

Race: _____ Sex: Male ☐ Female ☐ U.S. Citizen: No ☐ Yes ☐ Legal Alien: No ☐ Yes ☐

Place of Employment: _____ Telephone No. (____) _____ - _____

Public Agency ☐ Private Agency ☐ Title of Position: _____Business Address: _____
(Street/PO Box) (City) (State) (Zip Code) (County)

If upgrading, give license number: [][] - [][][][]

1. Do you have a passing score from ASWB or other state test? No ☐ Yes ☐2. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW) ☐
Master Social Worker (LMSW) ☐
Certified Social Worker (LCSW) ☐3. Have you ever been licensed as a social worker in Mississippi?
If yes, what was your license number: _____ No ☐ Yes ☐4. Have you ever been licensed or registered as a social worker in another state? No ☐ Yes ☐
If yes, complete the Out-of-state Verification of Licensure and send it to the state(s) of current or previous licensure.

5. Please indicate your degree: _____ BSW _____ MSW _____ Other: _____

6. Is your school accredited by _____ CSWE _____ SACS _____ BOTH

☐ Licensure Fees: LSW - \$152
LMSW / LCSW - \$187 payable by money order or cashier's check only**(FEES ARE NON-REFUNDABLE)****For Office Use Only:**

CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____

Name on payment, if different from licensee: _____

(Continue on Back of This Form)

MISSISSIPPI BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

- | | | | |
|-----|---|-----------------------------|------------------------------|
| 7. | Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 8. | Have you ever had a record expunged from a felony or any criminal conviction? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 9. | Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 10. | Has any court ever declared you mentally incompetent? If yes, attach a full explanation. | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 11. | Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal Offense. Received deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or foreign country? If yes, attached a full explanation. | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 12. | Have you knowingly failed to renew a license during investigation or disciplinary action? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 13. | Are there any pending charges against you or pending court proceedings? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 14. | I understand that licensure as a social worker requires additional information to be completed and submitted to the Board for review before a license is issued. | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

(Notary Seal)

Subscribed and sworn to before me this _____ day of

_____, 20____.

My commission expires on _____.

Notary Public

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Board. I also agree to uphold the laws and standards of conduct set forth in the laws of the State of Mississippi as pertain to the practice of Social Work

Applicant's Signature

Date

Complete form, make payment payable to **MBOE SW/MFT** and mail to:

**MS Board of Examiners for SW/MFT
Post Office Box 4508
Jackson, MS 39296-4508**

**Current
Passport-Like Photo of You
Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Verification of Education for Licensure in Social Work

Instructions to Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college of university where you obtained your **degree in social work**. This form may also be submitted by completing the top portion including notarizing and signing, and submitting directly to our office with a **sealed** transcript.

Name (Last, First, Middle Initial)		Maiden Name or Given Surname
Address (Street, City, State, and Zip Code)		Home Phone (Work) () ()
Last 4 of Social Security Number	Student Identification Number	Date of Graduation
License Applying For (Check One): <input type="checkbox"/> Social Worker <input type="checkbox"/> Master Social Worker <input type="checkbox"/> Certified Social Worker		

Waiver For The Release of Information:

I am applying for licensure as a social worker in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, should this information be requested at any time.

Subscribed and sworn before me this day of _____ 20____

My commission expires _____

Notary Public

Seal

Date

Applicant's Signature

Instructions to Education Institution:

Upon completion of this form please send to:

MS BOARD OF EXAMINERS OR
P.O. Box 4508
Jackson, MS 39296-4508

Email to
info@swmft.ms.gov
If you send via email, you do not have to mail

Name of Institution	Location of Institution (City & State)
Date of Attendance (Month/Year) From: _____ To: _____	Total Number of Academic Years
Date Degree Conferred	Degree Conferred/Awarded
Program Name & Curriculum Description	Date of Practicum/Internship: From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____ Total Hours: _____

Social Work Program Accreditation

(On date degree conferred)

Undergraduate: ☐ CSWE ☐ SACS ☐ Other: _____
Graduate: ☐ CSWE ☐ SACS ☐ Other: _____

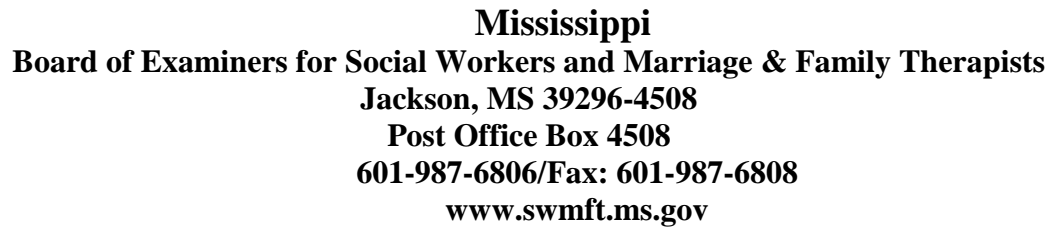
Registrar's Name (print or type)

Registrar's Signature

Seal of the College or University

Telephone Number

Date



REQUEST FOR FINGERPRINT CARD

INSTRUCTIONS: Complete this form and return to our office. Once this form is received with payment, we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.

Mark one: ___ Applicant for social work license
 ___ Applicant for LMFT license
 ___ Applicant for LMFTA license
 ___ License Renewal: license # _____
 ___ Reinstatement: license # _____

I, _____, request that a fingerprint card be sent to me at the address listed below. I have enclosed the required \$50.00 processing fee, payable by money order or cashier's check to MBOE. I understand that the information received from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records will be reviewed and may affect the approval of my application for licensure, reinstatement or the status of the renewal of my license.

Mailing Address: _____

Phone: _____

I understand that it make take 4-6 weeks for my fingerprints to be processed by the MS Dept. of Public Safety. I understand that there may be delays in the processing of my fingerprint card if my fingerprints are unreadable and that will extend the processing of my background and sex registry check beyond 4-6 weeks.

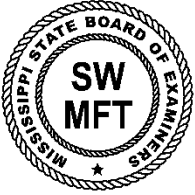
Signature

Date _____

For Office Use Only:

CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____

Name on payment, if different from licensee: _____



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INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK

The Mississippi Statute 73-53-11 requires a **fingerprint based criminal history record information check and a sex offender registry check** for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application. The appropriate governmental authority is the Mississippi Department of Public Safety, Criminal Information Center (CIC) and the Federal Bureau of Investigations (FBI).

The fingerprint criminal history and sex offender registry checks apply to an applicant seeking licensure or reinstatement as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), Licensed Marriage Family Therapist Associate (LMFTA) and Licensed Marriage Family Therapist (LMFT).

Beginning January 1, 2011, the Board of Examiners will require that applicants complete a “Request for Fingerprint Card Form” that is located on the Board’s website at www.swmft.ms.gov and mail it to the Board’s Office if you are a new applicant. The Board will charge a processing fee of \$50.00 to process background checks. The fee is payable by money order or cashier’s check to the Mississippi Board of Examiners for SW/MFT. If you are a current licensee, you will be able to email the request to info@swmft.ms.gov and log into the licensee portal to pay this fee online.

After receiving the applicant’s request and payment, the Board will mail you a traditional fingerprint card. Please follow the following instructions for completing the cards:

- ☞ Applicants must have picture identification (driver’s license). Applicants should have their fingerprints rolled by a local Law Enforcement Agency, such as a local police department or sheriff’s department. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must be signed by a law enforcement official in the appropriate block.
- ☞ Additional fingerprint cards are available from the Board’s office upon request. The Board’s contact information is available at the top of this letter.
- ☞ Fingerprint cards must be completely filled out. Required information includes: full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted. Reason fingerprinted should be pre-filled with the following statement: “Applicant for SW or MFT Licensure, Miss. Ann. 73-53-11”.
- ☞ The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.
- ☞ The Board will process your completed fingerprint card. Your fingerprint images will be forwarded to the FBI for identification through the national system. It may take up to two (2) weeks for your criminal

history record information check to be completed. The completed criminal history and sex offender registry checks must be received by the Board office before an individual's application will be considered for licensure.

- ☞ Please note that if your fingerprint card is rejected, you will be notified in writing and processing of your application will be delayed.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

Acceptable Fingerprint Card Example

Completed cards should be mailed to: MBOESWMFT, P.O. Box 4508, Jackson, MS 39296-4508.

APPLICANT <small>TYPE OR PRINT ALL INFORMATION IN BLACK</small> LAST NAME: DOE FIRST NAME: JANE MIDDLE NAME: ELLA		FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED: Jane E. Doe		ALIASES AKA:	
RESIDENCE OF PERSON FINGERPRINTED: 425 Adams Court Lark, MS 38770		MS920476Z BD EXAM SOCIAL WORK JACKSON, MS	
DATE: 1/5/14 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Sharon Limphay		DATE OF BIRTH: 01 02 2001	
EMPLOYER MAIL ADDRESS: 837 4th Street Merry, MS 38740		CITIZENSHIP: USA SEX: F RACE: Blk HGT: 5' 2" WGT: 123 EYES: Brn HAIR: Brn PLACE OF BIRTH: Flowood, MS	
REASON FINGERPRINTED: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		LEAVE BLANK	
FINGER NO. 00A		FBI NO.	
FBI NO.		ARMED FORCES NO. MMU	
SOCIAL SECURITY NO. 123-45-6789		MISCELLANEOUS NO. MMU	
FINGERPRINTS			
1. THUMB 2. INDEX 3. MIDDLE 4. RING 5. PINKY			
6. THUMB 7. INDEX 8. MIDDLE 9. RING 10. PINKY			
11. LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY 12. THUMB 13. INDEX 14. MIDDLE 15. RING 16. PINKY			